

Form CPF M 102: Campaign Finance Report Municipal Form ELECTION DEPToffice of Campaign and Political Finance SOMERVILLE, MA

Fill in Reporting Period dates: Seginning Date:
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Steven Projx Candidate Full Name (if applicable) Committee Name Committee Name Committee Name To le Roix Name of Committee Treasurer
Residential Address Telephone Number (optional): Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: MIMAL AND BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Addr Date Received (alphabetical listing require		Amount	Occupation & Employer (for contributions of \$200 or more)
		had	
	Ste Kin		
ine 9: Total Recei	pts over \$50 (or listed above)	91850	Secretarian and Annual
Line 10: Total Receipts \$50 and under* (not listed above)		11140	
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line		2,9900	← Enter on page 1, line 2

Receipts Custom Report

Cocupation/Employer er Rd Innenburg, MA 01462 Ever Rd Innenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Craduate Coordinator, Harvard de Somerville, MA 02144 Lawyer, bingham moutchen arlestown, MA 01507 Ke Ave Indianapolis, IN 46220 Tall St Charlestown, MA 02129 In St Charlestown, MA 02129 In St Charlestown, MA 02145 Somerville, MA 02145 Chael Ave Somerville, MA 02145 Somerville, MA 02145 Chael Lawyer, bingham moutchen Jayre Indianapolis, IN 46220 Tall St Charlestown, MA 01507 Re Jayre Indianapolis, IN 46220 Tall St Charlestown, MA 02129 The Charlestown, MA 02145 Somerville, MA 02145 Somerville, MA 02145 Somerville, MA 02145 Slurry Slurry Slurry Slurry Jayre Somerville, MA 02145 Slurry Slurry Slurry Slurry Jayre Somerville, MA 02145 Slurry Slurry Slurry Jayre Somerville, MA 02145 Slurry Slurry Jayre Somerville, MA 02145	\$TUU.UU		Hall, Lara 19 Minnesota Ave Somerville, MA 02145	9/21/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Lte tte translation, MA 02129 er Hd Charlton, MA 01507 iill Rd Charlton, MA 01507 ixy Anne iill Rd Charlton, MA 01507 ixy Anne indianapolis, IN 46220 Ave Indianapolis, IN 46220 The Charlestown, MA 02129 somerville, MA 02145 Somerville, MA 02145 Somerville, MA 02145 Coperating Engineer, East Coast Sturry Operating Engineer, East Coast Sturry Somerville, MA 02145 Somerville, MA 02145	\$20.0		ano, Susan nton Rd Somerville, MA	9/30/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Ctte d Somerville, MA 02144 Ctte lill Rd Charlton, MA 01507 ke Ave Indianapolis, IN 46220 Ave Indianapolis, IN 46220 Somerville, MA 02145 Somerville, MA 02145 Cchael Ave Somerville, MA 02145 Lowell, MA 02145 Somerville, MA 02145 Cohael Ave Somerville, MA 02145 Cohael Somerville, MA 02145	\$25.0		MA	10/13/2013
Sica er Rd Inmenburg, MA 01462 Ever Rd Inmenburg, MA 01462 Ave Somerville, MA 02144 Lele Graduate Coordinator, Harvard sarlestown, MA 02129 etill Rd Charlton, MA 01507 ke Ave Indianapolis, IN 46220 Ave Indianapolis, IN 46220 mile comerville, MA 02145 Operating Engineer, East Coast Slurry Operating Engineer, East Coast Slurry Operating Engineer, East Coast	\$50.00		!	10/8/2013
Sica er Rd Lumenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 tte di Somerville, MA 02144 tte lil Rd Charlton, MA 01507 Ke Ave Indianapolis, IN 46220 ave Indianapolis, IN 46220 ave Indianapolis, MA 02129 Somerville, MA 02145 Somerville, MA 02145	, \$50.00	Engineer,East		9/27/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Lowell, MA 01852 Lowell, MA 02144 Lave Somerville, MA 02144 tte fill Rd Charlton, MA 01507 ke Ave Indianapolis, IN 46220 a 11 St Charlestown, MA 02129 mile correction/Employer DOCTOR, Holy Family Hospital \$ Ave Indianapolis, IN 46220 a 11 St Charlestown, MA 02129 Separate Stown, MA 02129	\$50.00		MA	9/30/2013
Sica er Rd Inmenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Lele Lowerville, MA 02144 Ltte Larlestown, MA 02129 Lawyer, bingham mcutchen Lawyer Anne iill Rd Charlton, MA 01507 ke Ave Indianapolis, IN 46220 La Charlestown, MA 02129 Lawyer, bingham mcutchen Lawyer, bingham mcutchen	\$20.00		i	9/30/2013
Sica er Rd Innenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Lele dd Somerville, MA 02144 Ltte dd Somerville, MA 02144 Ltte larlestown, MA 02129 leil Rd Charlton, MA 01507 ke Ave Indianapolis, IN 46220	\$100.00		Charlestown, MA	9/14/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Lele di Somerville, MA 02144 Ltte aarlestown, MA 02129 Lawyer, bingham mcutchen \$ 111 Rd Charlton, MA 01507	\$100.00		Indianapolis, IN	6/4/2013
sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Lowell, MA 01852 Lave Somerville, MA 02144 ele dd Somerville, MA 02144 tte darlestown, MA 02129 Lawyer, bingham mcutchen \$ 111 Rd Charlton, MA 01507	\$50.00			10/21/2013
sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 Eele Id Somerville, MA 02144 Ltte Ltte Larlestown, MA 02129 Occupation/Employer DOCTOR, Holy Family Hospital Graduate Coordinator, Harvard Fawyer, bingham mcutchen	\$50.00		Charlton, MA	7/5/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 Ave Somerville, MA 02144 dele ele end Somerville, MA 02144 Graduate Coordinator, Harvard	\$250.00	Lawyer,bingham mcutchen		7/5/2013
Sica er Rd Lunenburg, MA 01462 Lowell, MA 01852 DOCTOR, Holy Family Hospital Ave Somerville, MA 02144	\$200.00	(D)		4/21/2013
Occupation/Employer sica er Rd Lunenburg, MA 01462 DOCTOR, Holy Family Hospital Lowell, MA 01852	\$40.00		MA	4/21/2013
Occupation/Employer sica er Rd Lunenburg, MA 01462	\$100.00	DOCTOR, Holy Family Hospital	MA	10/21/2013
Occupation/Employer	\$50.00		MA	10/8/2013
	Amount	Occupation/Employer	Name/Address	Date



59 Sai
cia
/19/2013 Roix, Pat 59 Prospect St Athol, MA
9/30/2013 Roche, CTE William 17 Macarthur St Somerville,
9/30/2013 Ritchotte, William 70Pearl St Somerville, MA
6/1/2013 Ritchotte, Bill 70 Pearl St Somerville,
9/30/2013 Rafal, Howard 122 Heath St Somerville,
9/30/2013 Pricejones, Margaret 30 Sycamore St Somerville,
9/30/2013 Plumb, Jay 116 Hudson St Somerville,
9/30/2013 O'Toole, Feargal 97r Franklin St Somerville,
4/23/2013 O'Toole, Feargal 97 Franklin St Somerville,
9/30/2013 Nuzzo, Edward 20 Rhode Island Ave Somerville,
9/14/2013 Ness, Steve 38 Bartlett St Charlestown,
9/30/2013 Lotti, Janine 26 Eastman Rd Somerville,
10/8/2013 Leblanc, Daniel 92 Glen St Somerville, MA
6/17/2013 King, Phyllis 35 Cambridge St Chelmsford,
9/30/2013 King, Glenn 35 Cambridge St Chelmsford,
9/30/2013 Jehlan, Alain 67 Dane St Somerville, MA
9/30/2013 Hilbert, Melissa 97r Franklin St Somerville,
4/23/2013 Hilbert, Melissa 97 Franklin St Somerville,

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\$2,990.00)tal	Grand Total	
\$200.00	Wilson, Jake 83 Jaques St Somerville, MA 02145	Wilson, Jake 83 Jaques St	4/21/2013
\$25.00	Walker, Patrica 35 Penn Ave Somerville, MA 02145	Walker, 35 Peni	9/30/2013
\$50.00	Vinson, Eva 50 Mt. Vernon St. Somerville, MA 02145	Vinson, Eva 50 Mt. Vern	9/30/2013
\$100.00	Thomas, Carrie 30 High St Charlestown, MA 02129	Thomas,	9/14/2013 Thomas, Carrie 30 High St Cha
\$50.00	Thomas, Brian 30 High St Charlestown, MA 02129	Thomas,	6/17/2013 Thomas, Brian 30 High St Ch
\$50.00	9/30/2013 Sullivan, CTE Dennis 8 Florence St Somerville, MA 02145	Sulliva 8 Flore	9/30/2013
\$50.00	Spelvuldo, Julio 79 Bay State Ave #1 Somerville, MA 02144	Spelvul 79 Bay	10/12/2013

CTE Steve Roix

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

		name and a page number on each pa	ge.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/6/13	Nation Builder	CA	Voter InB	58.00
6/17/13	Two Myrngs	Sompruille, ma	Photos for Browne	\$20.0
Colrolis	PriNted Minited	Holbrady MX	Campaign Biftors	\$ 165.75
Colodis	City of Somerite	93 High/undAve	Ward 4	955.00
8/1/13	Printes Unlinder	Hollwoll, MA	Palm Cards / Dear Hungar	609.6
8/24/15	Printed Unlimited	Holbrok, MA	Stationary	427-75
9/11/13	Richard Adventising	Duches ter, mx & S Tenean St	Tall Signs	302.81
9/25/10	Printed Unlimited	Holbrode	Mailing	860.10
Line 12: Total Expenditures over \$50 (or listed above) 2, 879.22			248-47	
	•	Line 13: Total Expenditures \$50	1404	28792
	10,	Line 14: TOTAL EXPENDITU		3,127.69
* Ifrian have itami	ized expenditures of \$50 and under	include them in line 12. Line 13 sho	wild include only those expenditures.	not itemized

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

nuring this reporting				
Date Incurred	To Whom Due	Address	Purpose *	Amount
4/W/B	Steve Raix	21 Pinckney St.	Loan Campaign	1000.0)
quelo	Stove Roix	27 Pincknotst	Lugn to Campaig	800.W
			AM see	

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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